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MAY 13 2005

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21003 7590 02/11/2005

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Robert L. Maier

(Depositor's name)

RLM

(Signature)

May 11, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/750,111	12/31/2003	Chris Zegelin	A35494 - 072797.0159	9618

TITLE OF INVENTION: LOCATION SYSTEM WITH CALIBRATION MONITORING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/11/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
PHAN, DAO LINDA	3662	342-463000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. **Baker Botts LLP**

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Symbol Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Holtsville NY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **02-4371** (enclose an extra copy of this form).

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Authorized Signature *RLM*

Date **May 11, 2005**

Typed or printed name **Robert L. Maier**

Registration No. **54,291**

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